



HOW TO IMPROVE FEEDING SKILLS IN CHILDREN

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MEALTIME; THE BASIC INGREDIENTS FOR A SUCCESSFUL MEALTIME

- **Where do you eat?** At home: the dining room, the patio, the yard, the playroom, at the park, in the car, at the baseball park, the soccer park, the airplane, fast food restaurants, family gatherings, church, picnics, the beach
- **Eating:** Our goal is to create a soul nourishing environment as much as a nutritionally complete meal:

- *Show your child respect by being calm, taking time during the meal and not hurrying feeding time

- *Smile and make eye contact while chatting with your child

- *Encourage independent behavior in your child through offering choices in foods, utensils and respecting their "I am full" signal

- *Involve your child in preparation of his meal as much as possible

- *Engage your child in talking about the flavors, names and colors of foods you are presenting

- *Be patient and wait for your child to request 'more' food or drink

- *Give opportunities to your child to explore textures and consistency of foods without worrying about intake and messy clothes

- *Communicate interested, excited and enthusiastic facial expressions to your child at mealtime, DO NOT SAY "YUK"!!! just because you don't like the taste or the choice!

- *Follow your pediatrician's and nutritionists recommendations to include calorie rich, healthy and balanced foods

- *Each family should decide when they will be addressing the 'therapeutic feeding' time with their child. Family mealtime may not be the ideal time for that teaching to take place.

- *Your child needs to be sitting in a position that supports his feet and helps the body remain upright during feeding, so that the child will be physically successful to eat

- **Mealtime Influences:** Parents beliefs about food often influence the choices they will make about what they will offer their children to eat. These choices can be a positive or limiting influence on how well the child will participate in mealtime.

The child's medical history can create a behavioral response to certain foods; e.g. tummy aches when the child suffers from reflux, choking when the child has swallowing difficulty, decreased appetite or change in flavor of foods with certain medications.

Family dynamics will impact the emotional aspect of feeding time. The child may react to stressful situations with body arching, crying or refusal to eat. Calm and happy meal time will produce a calm and happy baby.

The child's developmental age and oral motor skills will determine the level of success in feeding. The child may be able to feed himself while the family is enjoying their meal, or the child may require more help to share the same food.

The emotional state and temperament of all family members will influence the success of mealtime.

The purposes of a mealtime:

- Communication
- Socialization
- Giving and receiving love
- Sharing personal values related to eating
- Sense of family, culture and community
- Celebration
- Physical growth and health
- Sensory exploration
- Relaxation
- Habit
- A break in routine

Parent and Child Roles in Infancy (birth-3 years)

- Parents decide the type of feeding for the child (breast or bottle)
- Parents realize and feed the child when he signals hunger (fussy or crying)
- Parents provide a physically safe, supported and comfortable feeding environment (baby held/seated upright, dry diaper)
- Parents provide a stable environment that minimizes sensory interruptions (constant face wiping, loud music, jiggling, environmental distractions)
- Babies need mealtime socialization (social pauses with reaching and touching face, cooing and talking softly)
- Babies set the pace of the meal (speed of feeding, burping, and signals that they had enough)

Emerging Independence (6-12 months)

- Babies indicate when they are hungry and parents respond by offering food
- Babies mature and indicate readiness for more complex foods (milk, smooth puree, lumpy foods, solid finger foods, textured table foods)
- Babies gain more skills for sitting upright at mealtimes. Parents understand the need for a change in mealtime position and provide mealtime position
- Babies and parents create a social atmosphere around mealtime (talking softly, interacting without overwhelming and distracting the child)
- Babies give permission for food to enter their mouths. Parents listen and respect their baby's choice
- Parents provide ENCOURAGEMENT, ENCOURAGEMENT and ENCOURAGEMENT!
- Babies decide the pace of the meal
- Babies satisfy their need for sensory exploration by playing with food (it is messy but the sensory motor learning that occurs will lead toward neater eating. Early demands for neatness can interfere with the child's willingness to try new foods later!)
- Parents respect a baby's caution in trying new foods! (not all adults like mashed potatoes. Some babies like foods with more flavors that are present in commercial baby food)

- Babies want to help (they reach for food and bring it to their mouth; that is how self feeding begins. As parents, we need to respect the degree of independence the baby is showing)
- Parents offer choices of foods at mealtimes. (The baby will try a little of each food without feeling the pressure to eat only the food he may like minimally)
- Parents should offer a new food with a familiar food to create a safe environment in which to introduce new flavors. This gives the baby a chance to make a choice and be in charge.
- Parents let the parents know when the meal is done (turn away, spit out food, throw bowl)

The Independent Toddler (12-36 months)

- Parents are in charge of what is presented to eat and the manner in which it is presented. They are NOT responsible for how much the child eats, whether he eats and how his body turns out (Satter, 1983)
- Parents integrate a toddler into a family mealtime routine
- Parents are in charge of the menu
- Parents provide mastery opportunities for toddlers (new foods, spoon use)
- Parents provide structure at mealtimes (timing, setting, schedule)
- Parents offer new foods but do not force toddlers to eat them (It is the child's job to decide if he will eat the food offered. Sometimes the food needs to be offered several times)
- Any parent who has tried to force a child to eat knows that it does not work. You may win that battle, but you may have started a food war, and children ALWAYS win in food wars (Satter, 1983)
- Parents re-introduce rejected food to expand their child's exposure to new foods (If they believe that their child does not like the food and therefore eliminate it from the list of offered foods, the child learns to accept food from a very limited menu)
- Parents model mealtime skills (children participate in the socialization of mealtime conversation)

SPECIAL FEEDING ISSUES

The roles of child and parent can become confused when the child has neurological, developmental, or other medical difficulties that influence feeding. Many times these children are uncomfortable with the feeding process. The mealtime cues can be difficult to read. It may take awhile for the parents and physicians to figure out what is causing the problem. Sometimes children with disabilities do not have good internal cues. They may stop eating before they actually have had enough nourishment, or they may eat until they are more than full. Feeding specialists have the opportunity to promote a positive feeding relationship in all therapeutic suggestions.

SENSORY CONSIDERATIONS

Working on specific feeding skills must be done with sensitivity to the child's specific sensory concerns. Feeding skills can be worked on only in an environment that supports the child's sensory needs.

- **HYPOSENSITIVITY:** Hyposensitivity to mealtime stimuli can interfere with the development of sucking, swallowing, biting and chewing. Children may have difficulty initiating or sustaining the appropriate movement patterns and control for eating and drinking. They may be unaware of food in the mouth and stuff the mouth to increase the amount of sensory information. Pieces of food may become scattered and remain in the mouth for many hours after the meal is completed. Morris
- **HYPERSENSITIVITY:** Sensory overload responses can strongly influence the acquisition of mature feeding skills. The extremes of responses can interfere with controlled sucking, swallowing, biting, and chewing, and even the ability to participate in a mealtime. They influence the quality of eating and drinking responses.
- ***STRATEGIES:** Refer to Appendix A

SELF FEEDING CONSIDERATIONS

As infants and young children have positive experiences with foods and increasing opportunities to watch others eat, they begin to show signs of readiness for self-feeding that emerge as a process between infancy and toddlerhood (Gessell & Ilg, 1937). Older infants take more and more responsibility for the pace of the meal and the foods they eat.

They demonstrate stronger preferences. Toddlers are psychologically and socially focusing on independence. The "do it myself" attitude often strongly dominates toddlers' mealtimes and gives the parents a strong indication of self-feeding readiness and a demand for independence.

- Anticipation (start with a child that is hungry; verbally cue the child about it being time to eat)
- Eagerness and enjoyment (start with preferred food; involve the child in preparation of the food)
- Preferences (start with preferred foods and change from day to day)
- Mouthing (provide opportunities for mouthing toys and sucking on fingers dipped in food)
- Play with the food (using food and toys together; finger paint with pudding, applesauce, whipped cream; jello)
- Reach for the spoon (when the child is reaching for the spoon or cup they are indicating that they are ready to feed themselves)
- Do it myself (child should have own spoon while they are feeding; encourage finger foods)

COMMUNICATION CONSIDERATIONS

Communication during mealtimes requires that both the parent and child use a set of signals that is understood by both. (Facial expressions; body posture; vocal loudness; eye contact; head movements; words and signs).

Communication is a series of taking turns and the child needs to know how to initiate their turn and the parent needs to be able to read the turn, respond to the turn and then take their own turn in response to their child's turn.

- Turn taking
- Label the foods, utensils
- Label the child's feeling about the food and meal time process. (wow, yuck, yum, mmm, in, out, all done, more) and also add a gesture if needed
- Describe the food (hot, cold, sweet, sticky, crunchy)

Guidelines for Determining if a Child has a Feeding Problem

- 1- The child is not gaining weight consistently and has been diagnosed as 'failure to thrive' or 'undernourished.'
- 2- The child is dependent on tube feedings but has the skills needed to eat by mouth.
- 3- The child has problems eating age-appropriate textures.
- 4- The child refuses to eat an age-appropriate variety of foods.
- 5- Mealtime problem behaviors are disruptive to family functioning. These behaviors can include crying, throwing food, excessive dawdling, spitting out food, gagging, vomiting, or holding food in the mouth for excessive amounts of time.
- 6- Chewing or swallowing problems evident or suspected.
(Treating Eating problems; Keith E. Williams, Richard M. Foxx)

Always consult with your child's physician if you are concerned about your child's eating!

BON APPÉTIT!

***APPENDIX A**

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Oral Motor Exercises for Better Speech

Oral motor exercises help the muscles in the mouth and face for speech, eating, and saliva control. Below are some things you can do with any child just for fun, and target better oral motor control at the same time!

- Blowing bubbles: This works on exercising the muscles that make our lips round for the /w/ sound, works on breath control and support and just about all children love bubbles!
- Licking peanut butter or marshmallow crème with the tongue after it has been placed on the roof of the mouth or behind the top front teeth. These exercises work on tongue lifting and if you put some on one side of the cheek it helps for the tongue to move side to side.
- Put cheerios or applejacks on the table and have your child spear one with his tongue. This may be difficult for him to understand but you can show him! The child has to aim and protrude tongue past the lips. This exercise works on tongue protrusion and can aid with producing the /th/ sound.
- Rub syrup, frosting or peanut butter on the outside of your child's lips so he can lick his lips with his tongue. This works on tongue control and protrusion.
- Play a funny face making game with a mirror. Make silly faces in the mirror while you are brushing your child's teeth at night and try to get him to imitate. This is a natural time to be in front of a mirror, so it's a perfect time to try some oral-motor exercises! These exercises work on overall facial muscle control and movement, and allows your child to see what happens when he moves his lips, cheeks, and tongue in different ways. These can help aid articulation difficulties. Some examples include sticking out your tongue, puckering your lips and opening your mouth. Try to play a funny face making game without the mirror as well.

- Get some harmonicas, horns, party horns, and/or flutes, (available at most discount or dollar stores) and allow your child to play them a few times a day. These promote sucking and blowing skills, including lip closure, lip rounding, breath control and breath support. You can also try blowing through a straw. A fun game to try is to race blowing cotton balls off of the table.
- Get rid of sippy-cups! Sippy cups can promote tongue thrust, which causes the tongue to push forward when swallowing, can cause dental problems and can promote the development of deviant speech production. Instead, use a cup with a lid and plastic straw. You can find these items at Target, Wal-Mart, etc.
- Use vibrating toys around the face and mouth. Use a vibrating toothbrush for their mouths (move the toothbrush around their entire mouth if they will let you.) These stimulate the muscles, and promote more musculature awareness.
- Give your child different textures of foods. Try various foods such as spicy foods; crunchy food, sour flavors, etc.
- Use some "chewy" toys. These are great for kids that like to chew on things, put things in their mouth and have problems with controlling their drool. You can find some great ones at www.integrationscatalog.com and www.superduperinc.com.

Taken from the Florida Speech Language Website: www.floridaspeech.com

How Sensory Issues Affect Our Communication and Eating

Today we are going to chat about how sensory issues affect your child's communication skills and how well they eat.

How many of you have a child that is a picky eater, that's right, raise your hand!! I see so many hands out there. OK, I am going to pretend that we are sitting face to face right now and I'm going to ask you some questions about your child's eating habits.

So, how are mealtimes, do they go easily or are they hard? "Oh they are hard; no one stays in their seats."

Does your child eat what is prepared or do you make a different meal for them? "Oh sure, they eat what we do if we all eat macaroni and cheese or chicken nuggets?"

Do you eat together or do you feed the kids first? "It's easier to just feed the kids first and then my husband and I can relax later and make a meal that we like."

What are your child's favorite foods? "Chicken nuggets, French fries, pancakes".

Is there anything that your child will not eat? Parent laughs...."well, no veggies, pretty much no fruit, no chewy meat, and they don't like mushy food and nothing green."

As you can see, I would be investigating, looking for clues, as to how your child's mouth is working...yes, their mouth! And here is where it ties into the sensory system: think of your favorite foods for a minute. Are you a salty, crunchy sort of person? Or do you like smooth, creamy foods? Do you like chewy foods like bagels or jerky? How about foods that are spicy and full of flavor? Remember that taste is one of our senses and it can be impacted negatively.

Your child might have some low tone in their mouth, he often times has his mouth open and might drool more than the other kids. These children have trouble with chewy foods (like meat) or bland foods (like applesauce, yogurt, and mashed potatoes). It might be hard for them to learn to suck through a straw, blow bubbles, give a kiss with a pucker and they might look like picky eaters. These children usually love spicy, intense flavored foods (think salsa and chips); crunchy foods that are easy to chew (think Cheetos). This is because they need that extra intensity to actually find that food in their mouths and make it pleasurable to eat. So, you might want to add cinnamon to their applesauce, salsa to their scrambled eggs and dip bland veggies and fruits into yummy dips like salad dressings or sauces. Sucking on a lemon or pickle is very yummy for these children. You might also want to encourage drinking from straws and actually increasing the thickness of what they are drinking (think milkshakes, smoothies, and yes, applesauce can be pulled through a straw). You might want to change the intensity of the

drinks that they are having, like V8 juice, or cranberry juice or strong lemonade. With these guys the more flavors, (sweet, sour, salty) that you can use helps them eat better and a more variety of foods.

Now here is the secret to communication with these tricks. First off, food is always a huge language motivator for requesting, expanding vocabulary, taking turns, etc. But, **the more your child is using all the muscles in their mouths and their tongue is moving all over inside and outside their mouths, the better their sound productions will be as they add words and phrases!** This is so exciting. So, in addition to improving your child's eating you are also helping them to speak more and to speak clearer.

One more suggestion: buy a cheap electric toothbrush that the head can come off (so you can put it in the dishwasher). At times during the day, let your child explore his mouth with the toothbrush and then put flavors on that brush. Like pixie stix powder, salsa, pudding, dry lemonade powder, pickle juice, salad dressings....be creative. These are all fantastic tricks to help your child's mouth become more neutral.

When you are trying these new things, don't force your child. Make this fun. Try one taste and start with a flavor that they like. Make it a family thing to do together, get everyone an electric toothbrush. And with the toothbrush, ideally you want them to be biting on the sides, being able to tolerate it on the roof of their mouths and on their tongues also, but baby steps may be needed because if they have been protective of their oral area this could be very scary and invasive.

From a blog called: Communication From a Child's Point of View

Address: <http://communicationfromachildspointofview.blogspot.com>

Food Inventory

Put a check in the *child* column if your child will eat what you would consider an age-appropriate portion of the food listed. If the food is served to the family at meals, put a check in the *family* column. If the child eats other foods not included here, write them in the blanks below.

Child	Family	Food	Child	Family	Food	Child	Family	Food
		Fruits			Vegetables			Grains
		Apple			Asparagus			Brown Rice
		Apple Juice			Baked Potato			Cake
		Applesauce			Beets			Cereal
		Apricots			Broccoli			Cookies
		Avocado			Cabbage			Corn Bread
		Banana Chips			Carrots			Corn Chips
		Banana/plantains			Cauliflower			Crackers
		Blueberry			Celery			Cream of Wheat
		Cantaloupe			Corn			Donuts
		Cherries			Creamed Corn			Egg Noodles
		Cranberry Juice			Cucumbers			Farina
		Cranberry Sauce			Eggplant			French Fries
		Fruit Cocktail			Green Beans			French Toast
		Grape Juice			Greens			Grits
		Grapefruit			Lettuce			Hash Browns
		Grapefruit Juice			Lima beans			Macaroni
		Grapes			Peas			Mashed Potato
		Kiwi			Pepper			Muffins/rolls
		Lemonade			Radish			Oatmeal
		Mango			Sauerkraut			Ramen Noodles
		Oranges/tangerines			Spinach			Wheat Bread
		Other melon			Squash			White Rice
		Peaches/nectarines			Sweet Potato			
		Pear			Tomato			
		Pineapple			Turnip			
		Plums			Wax Beans			
		Prune Juice						
		Prunes						
		Raisins						
		Raspberry						
		Strawberry						
		Watermelon						

Child	Family	Food	Child	Family	Food	Child	Family	Food
		Milk			Meat & Beans			Other
		American Cheese			Bacon			Chili
		Cheese Spread			Baked Beans			Lasagna
		Chocolate Milk			Chicken			Pie
		Cottage Cheese			Chicken Nuggets			Pita
		Hot Chocolate			Chicken salad			Pizza
		Ice Cream			Clams/oysters			Potato Chips
		Milk			Crab/lobster			Pretzels
		Milkshake			Fish sticks			Ravioli
		Other cheese(s)			Fried/baked Fish			Soup
		Pudding			Ham/Ham Salad			Spaghetti
		Sherbert			Hamburger			Spaghetios
		Yogurt			Hot Dog			Stew
					Lamb			Stuffing
					Lentils			Taco or tortilla
					Liver			Toasted cheese
					Lunchmeat			
					Meatloaf			
					Other nuts			
					Peanut Butter			
					Peanuts			
					Pork/Pork Chop			
					Roast beef			
					Sausage			
					Shrimp			
					Steak			
					Tofu			
					Tuna/tuna salad			
					Veal			
					Venison			

Which Food To Present

The food used in the meal must be the appropriate texture, be free of anything to which the child is allergic, and must be culturally appropriate. Discuss the foods to be offered with the parents; there is no point attempting to have a child eat a food that will never be offered at home.

It may be best to modify food texture when beginning treatment. For example, when working with children who eat higher textures but limited volumes, it may be desirable to reduce the texture of the foods being served to make it easier for the child to chew and swallow. Foods that break apart or do not form a good bolus are often more difficult for children to eat. Using binder foods such as baby cereal can help breakable foods stay together, thereby making them easier for the child to manage when chewing and swallowing. When initially working on cup drinking, thicken the liquid slightly to make it easier for the child to manage. Milk or formula can be thickened with baby cereal, and juice can be thickened with either cereal or Stage 2 fruits.

Prepare the area for a mess. Feed in an area that can be easily cleaned. If it is necessary to feed in a carpeted area, use a shower curtain or plastic tablecloth to cover the floor. To prevent food spilling and throwing, keep the food containers out of the child's reach. If the child is self-feeding, present small portions, and give more as needed.

Mealtime Rules

Another component common to all interventions is a set of rules that are provided to the child at the beginning of the meal. The rules explain the consequences used during the meal. For example, "If you take a bite, you can watch your video," or "If you finish your milk, you can put a star on your chart." The rules are also a helpful reminder to the person doing the feeding, because they will be providing the mealtime consequences.

GENERAL RECOMMENDATIONS FOR MEALTIME

A list of general recommendations for feeding follows. Some of these recommendations may be appropriate for inclusion in your intervention. As always, when developing a set of recommendations, consider the individual child. For example, if a child presents a failure to thrive or is at-risk for dehydration, do not push eating new foods, thereby risking a significant decrease in food intake. Instead, start with the introduction of a single new food per meal.

Schedule

1. Establish a meal and snack schedule. Young children usually do best with three meals and two to three snacks; for example, breakfast, morning snack, lunch, afternoon snack, dinner, and bedtime snack. Try to space out the meals and snacks. Do not allow eating other than at meals or snack time. If the child is still largely dependent on bottle feedings,

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Schedule *Continued.*

develop a schedule in which the meals and bottle feedings are evenly spaced throughout the day.

2. If the child is not receiving tube feedings overnight, it is helpful to give a large, high-calorie bedtime snack, if consumption during meals is small. Watch the use of calorie boosters or high-calorie supplements; children can sometimes fill up on them, which will limit their intake of other foods.

3. If the child is receiving tube feedings, ask the physician or nutritionist about compressing the feeds as much as possible. Try to arrange the schedule so that oral feedings precede tube feedings.

4. Schedule meals or snacks so they occur when the child is not sleepy or cranky.

5. Set a time limit for meals, and use a portable timer to indicate the end of the meal. When the bell rings, clear the table, regardless of whether the child is finished. Twenty to 30 minutes is usually plenty of time for a meal, unless the child has difficulty with swallowing, chewing, or self-feeding.

Diet

1. Offer small portions. More may be given if the child finishes a portion.

2. Control the amount of liquid the child drinks during the meal. Do not allow the child to fill up on liquids and not eat solid foods.

3. Repeatedly offer small portions of new foods. Repeated exposure to foods gradually increases the child's preferences for the foods being offered.

4. Have the child at least taste each new food before allowing him or her to leave the table or have a second helping of preferred foods.

5. If the child does not eat the food being served, do not prepare another meal.

6. For children with chewing or swallowing problems, ensure that the food is low enough in texture to prevent choking and easy enough to eat so that the child will not quickly grow tired of eating.

7. Do not hide medication in the food served during a meal. If medication is mixed with food, give the food and medicine mixture to the child away from the meal setting.

Mealtime Interactions

1. Whenever possible, have the entire family eat together in a family-style meal. Everyone should sit at the table and the TV should be turned off. Having the child watch other members of the family eat and display appropriate mealtime behaviors is important, because children learn by example.

2. Establish a set of mealtime rules, such as rules about behavior at the table, about how to get dessert or snacks, about using silverware, or

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Mealtime Interactions *Continued.*

about sitting at the table. The rules should include consequences if the rules are not followed.

3. One consequence that is frequently employed when rules are not followed is to have the child engage in the correct behavior. For example, if a child gets out of his seat, have him return to the seat. If he throws silverware, have him pick it up. Ignore whining and crying whenever possible.

4. Try to make the meals pleasant. Do not discuss nonmealtime behavioral problems during the meal. Similarly, do not discuss mealtime behavioral problems.

5. Praise eating or positive meal behavior, but do not nag or coax to get the child to eat. Teach the child that attention is given for eating, but not for avoiding eating.